

Student Medical Record

Please complete the form and return it to your child/ward's Form Teacher.

(Note: Information contained in this section will not prevent your child/ward from taking PE lessons unless further medical advice warrants exclusion)

Name:		NRIC:
Date of Birth:	Sex: Male/Female	Class:

Medical Condition	Yes/No	Special Instruction to note <i>(To be substantiated with <u>medical information</u>)</i>
Epilepsy		
Periodic Loss of Consciousness		
Heart Condition		
Ear Disorder		
Respiratory Disorder e.g. Asthma		
Allergies e.g. medication, insect bites and stings		
Is your child/ward on regular medication?		
Has your child/ward been specifically told to modify his/her physical activity or exercise participation?		
Other relevant medical information eg Special Learning Needs/ Behavioural Needs		

I authorize the teacher and instructors to obtain medical assistance which they deem necessary should an accident occur and agree to pay all medical expenses incurred on behalf of the above student.

I submit the **attached information** concerning my child/ward which includes details of limitations that he/she has for activities concerned.

I am aware that by signing this form, I am consenting to the school and its staff (including Form Teachers, PE teachers, CCA teachers and other authorized school personnel) using the information contained herein for the purposes of (a) updating any student information databases managed by the school or the Ministry of Education, (b) planning and conducting the school's programmes and (c) making disclosure, where relevant and necessary, to government agencies, statutory boards, health-care providers, and other parties in order to ensure the safety and well-being of my child.

Doctor's Name:	Parent's/Guardian's Name:
Doctor's Contact Number:	Parent's/Guardian's Contact Number:

Parent's/Guardian's Signature

Date

RIVERVALE PRIMARY SCHOOL
STUDENT PARTICULARS FORM

FORM B

Class: _____

(Reg. No. _____)

Year: **2017**

Name of Student: _____

1) Please indicate the family members your child/ward is living with.

<u>Family Member</u>	Please tick (✓) in the box below to indicate the family members that your child is living with.	<u>Family Member</u>	Please tick (✓) in the box below to indicate the family members that your child is living with.	<u>No. of siblings</u>
Father		Elder brother		
Mother		Elder Sister		
Any other relatives? Please state in the box.		Younger brother		
		Younger sister		

2) Does your child/ward have any siblings studying in this school, please state their name and class.

No	Name	Class

3) Please tick (✓) and indicate the place where your child/ward returns to after school.

Home

Student Care

Please state the place your child/ward goes to after school if it is none of the above places.

4) Is there anyone looking after your child/ward when he/she is at home after school before you come back from work? Please state who they are on the space below.

5) Does your child/ward have internet access at home?
(If the answer is 'yes', please proceed to question 6. If 'no', please proceed to question 7)

6) How long does your child/ward spend his/her time on the internet or the computer at home?

7) What is the main spoken language for your child/ward when he/she is at home?

8) What is your child's/wards's interest or hobby? (You may list more than one interest or hobby)

9) What leadership roles has your child/ward held in school?

Thank you for submitting the information to your child's/ward's Form Teacher.

Submitted By:

<p>Name: _____</p> <p>Please circle accordingly: Father/Mother/ Guardian/Others : _____</p>	<p>Parent's/Guardian's Signature: _____</p>
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